

MEMBERSHIP APPLICATION

I/We
Name of Firm or of Sole Practitioner

Of
Address

Telephone Number: **Facsimile Number:**

Email Address:

Being Chartered Accountant(s) carrying on practice in New Zealand hereby apply to become a member of the Abacus Association Inc.

I/We understand that Membership entitles me/us to receive quotations for Professional Indemnity Insurance under the Professional Indemnity Insurance Scheme arranged by the Association, and that I am/We are not under any obligation to accept such quotation.

The expiry date of my/our present Professional Indemnity Insurance is:

My/Our Entry Fee of \$ is enclosed.

Tax invoice for GST No **50-621-367**

Signed:

Date:

Entry Fees:	Sole Practitioner	\$50	Inclusive of GST
	2 Partner Firm	\$60	Inclusive of GST
	3 Partner Firm	\$70	Inclusive of GST
	4 Partner Firm	\$80	Inclusive of GST
	5 Partner Firm	\$90	Inclusive of GST
	6 or more Partner Firm	\$100	Inclusive of GST

Cheques should be made payable to "Abacus Association Inc" and should be crossed "Not Transferable."